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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/454,223 03/13/2003 *yes A/H*

** FOREIGN APPLICATIONS ***** *none A/H*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/03/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>RK</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Compact multipass optical isolator

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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